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| Substitute for Form<br>PTO-1390  |  | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE |  | ATTORNEY'S DOCKET NUMBER<br>025455-120             |  |
| TRANSMITTAL LETTER TO THE UNITED STATES<br>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br>CONCERNING A FILING UNDER 35 U.S.C. 371   |  |   |  | U.S. APPLICATION NO. (If known, file 37 CFR 1.5)   |  |
|  |  |   |  | 10/561591  |  |
| INTERNATIONAL APPLICATION NO.<br>PCT/IB2004/002049   |  | INTERNATIONAL FILING DATE<br>21 June 2004 (21.06.2004)  |  | PRIORITY DATE CLAIMED<br>20 June 2003 (20.06.2003) |  |
| TITLE OF INVENTION<br><br>A LINER  |  |   |  |  |  |
| APPLICANT(S) FOR DO/EO/US<br>HELLMANN, Neil Christopher  |  |   |  |  |  |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:  |  |   |  |  |  |
| 1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission to items concerning a filing under 35 U.S.C. 371.   |  |   |  |  |  |
| 2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.  |  |   |  |  |  |
| 3. <input type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (22) indicated below.  |  |   |  |  |  |
| 4. <input type="checkbox"/> The US has been elected by the expiration of 19 months from the priority date (Article 31).  |  |   |  |  |  |
| 5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2))<br>a. <input checked="" type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).<br>b. <input type="checkbox"/> has been communicated by the International Bureau.<br>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).  |  |   |  |  |  |
| 6. <input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2))<br>a. <input type="checkbox"/> is attached hereto.<br>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).   |  |   |  |  |  |
| 7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))<br>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).<br>b. <input type="checkbox"/> have been communicated by the International Bureau.<br>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.<br>d. <input checked="" type="checkbox"/> have not been made and will not be made. |  |   |  |  |  |
| 8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).  |  |   |  |  |  |
| 9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).   |  |   |  |  |  |
| 10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).  |  |   |  |  |  |
| Items 11 to 21 below concern document(s) or information included:  |  |   |  |  |  |
| 11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.  |  |   |  |  |  |
| 12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.   |  |   |  |  |  |
| 13. <input checked="" type="checkbox"/> A FIRST preliminary amendment.   |  |   |  |  |  |
| 14. <input type="checkbox"/> A SECOND or SUBSEQUENT preliminary amendment.   |  |   |  |  |  |
| 15. <input type="checkbox"/> A substitute specification.   |  |   |  |  |  |
| 16. <input type="checkbox"/> A change of power of attorney and/or address letter.  |  |   |  |  |  |
| 17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 C.F.R. 1.821 - 1.825.   |  |   |  |  |  |
| 18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).   |  |   |  |  |  |
| 19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).   |  |   |  |  |  |
| 20. <input type="checkbox"/> Other items or information: (a) Copy of PCT International Search Report<br>(b) Notification of Transmittal of the International Preliminary Report on Patentability   |  |   |  |  |  |

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| U.S. APPLICATION NO. (If known, see 37 CFR 1.5) <b>10/561591</b> |  | INTERNATIONAL APPLICATION NO. PCT/IB2004/002049 |  | ATTORNEY'S DOCKET NUMBER<br>025455-120 |  |
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|   |                         |              |      |                         |           |  |  |  |  |  |        |              |              |      |    |              |    |       |    |                  |                    |   |      |   |                   |   |  |  |  |                   |                 |  |  |  |                   |            |  |  |  |                   |  |  |  |  |         |                             |  |  |  |             |   |  |  |  |               |            |  |  |  |             |   |  |  |  |         |                      |  |  |  |             |   |  |  |  |         |                       |  |  |  |             |  |  |  |  |                         |  |  |  |  |           |
|---|-------------------------|--------------|------|-------------------------|-----------|--|--|--|--|--|--------|--------------|--------------|------|----|--------------|----|-------|----|------------------|--------------------|---|------|---|-------------------|---|--|--|--|-------------------|-----------------|--|--|--|-------------------|------------|--|--|--|-------------------|--|--|--|--|---------|-----------------------------|--|--|--|-------------|---|--|--|--|---------------|------------|--|--|--|-------------|---|--|--|--|---------|----------------------|--|--|--|-------------|---|--|--|--|---------|-----------------------|--|--|--|-------------|--|--|--|--|-------------------------|--|--|--|--|-----------|
| <p>21. <input checked="" type="checkbox"/> Applicant(s) requests that the published application include the following assignment information: <u>CH Chemicals (Pty) Ltd. Elandsfontein, South Africa</u></p> <p>22. <input checked="" type="checkbox"/> The following fees are submitted:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4">Basic Filing Fee (1631)</td> <td style="text-align: right;">\$ 300.00</td> </tr> <tr> <td colspan="4">Surcharge of \$130.00 (1617) for furnishing the oath or declaration later than months from the earliest claimed priority date (37 CFR 1.492(e)). <input type="checkbox"/> 20 <input type="checkbox"/> 30</td> <td></td> </tr> <tr> <td style="text-align: center;">CLAIMS</td> <td style="text-align: center;">NUMBER FILED</td> <td style="text-align: center;">NUMBER EXTRA</td> <td style="text-align: center;">RATE</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>Total Claims</td> <td style="text-align: center;">65</td> <td style="text-align: center;">-20 =</td> <td style="text-align: center;">45</td> <td style="text-align: right;">x \$50.00 (1615)</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">4</td> <td style="text-align: center;">-3 =</td> <td style="text-align: center;">1</td> <td style="text-align: right;">x \$200.00 (1614)</td> </tr> <tr> <td colspan="4">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td style="text-align: right;">+ \$360.00 (1616)</td> </tr> <tr> <td colspan="4">Examination Fee</td> <td style="text-align: right;">+ \$200.00 (1633)</td> </tr> <tr> <td colspan="4">Search Fee</td> <td style="text-align: right;">+ \$400.00 (1632)</td> </tr> <tr> <td colspan="4">App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets)</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL OF ABOVE CALCULATIONS</td> <td style="text-align: right;">\$ 3,350.00</td> </tr> <tr> <td colspan="4"><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.</td> <td style="text-align: right;">+ \$ 1,675.00</td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL =</td> <td style="text-align: right;">\$ 1,675.00</td> </tr> <tr> <td colspan="4">Processing fee of \$130.00 (1618) for furnishing the English translation later than months from the earliest claimed priority date (37 CFR 1.492(f)). <input type="checkbox"/> 20 <input type="checkbox"/> 30</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL NATIONAL FEE =</td> <td style="text-align: right;">\$ 1,675.00</td> </tr> <tr> <td colspan="4">Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 (8021) per property +</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL FEES ENCLOSED =</td> <td style="text-align: right;">\$ 1,675.00</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">Amount to be refunded :</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">charged :</td> </tr> </table> <p>a. <input checked="" type="checkbox"/> A check in the amount of <u>\$ 1,675.00</u> to cover the above fees is enclosed.</p> <p>b. <input type="checkbox"/> Please charge my Deposit Account No. <u>02-4800</u> in the amount of _____ to cover the above fees. A duplicate copy of this sheet is enclosed.</p> <p>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>02-4800</u>. A duplicate copy of this sheet is enclosed.</p> <p>d. <input type="checkbox"/> Charge _____ to credit card. Form PTO-2038 is attached.</p> <p><b>NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.</b></p><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SEND ALL CORRESPONDENCE TO:</p> <p>Buchanan Ingersoll PC<br/>Including attorneys from Burns, Doane, Swecker &amp; Mathis<br/>P.O. Box 1404<br/>Alexandria, Virginia 22313-1404<br/>(703) 836-6620</p> </div> <div style="width: 45%; text-align: center;"> <p>SIGNATURE</p> <p>Alan E. Kopecki</p> <p>NAME</p> <p>25,813      December 20, 2005</p> <p>REGISTRATION NO.      DATE</p> </div> </div> | Basic Filing Fee (1631) |              |      |                         | \$ 300.00 | Surcharge of \$130.00 (1617) for furnishing the oath or declaration later than months from the earliest claimed priority date (37 CFR 1.492(e)). <input type="checkbox"/> 20 <input type="checkbox"/> 30 |  |  |  |  | CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | \$ | Total Claims | 65 | -20 = | 45 | x \$50.00 (1615) | Independent Claims | 4 | -3 = | 1 | x \$200.00 (1614) | MULTIPLE DEPENDENT CLAIM(S) (if applicable) |  |  |  | + \$360.00 (1616) | Examination Fee |  |  |  | + \$200.00 (1633) | Search Fee |  |  |  | + \$400.00 (1632) | App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets) |  |  |  | \$ 0.00 | TOTAL OF ABOVE CALCULATIONS |  |  |  | \$ 3,350.00 | <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2. |  |  |  | + \$ 1,675.00 | SUBTOTAL = |  |  |  | \$ 1,675.00 | Processing fee of \$130.00 (1618) for furnishing the English translation later than months from the earliest claimed priority date (37 CFR 1.492(f)). <input type="checkbox"/> 20 <input type="checkbox"/> 30 |  |  |  | \$ 0.00 | TOTAL NATIONAL FEE = |  |  |  | \$ 1,675.00 | Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 (8021) per property + |  |  |  | \$ 0.00 | TOTAL FEES ENCLOSED = |  |  |  | \$ 1,675.00 |  |  |  |  | Amount to be refunded : |  |  |  |  | charged : |
| Basic Filing Fee (1631)   |                         |              |      | \$ 300.00               |           |  |  |  |  |  |        |              |              |      |    |              |    |       |    |                  |                    |   |      |   |                   |   |  |  |  |                   |                 |  |  |  |                   |            |  |  |  |                   |  |  |  |  |         |                             |  |  |  |             |   |  |  |  |               |            |  |  |  |             |   |  |  |  |         |                      |  |  |  |             |   |  |  |  |         |                       |  |  |  |             |  |  |  |  |                         |  |  |  |  |           |
| Surcharge of \$130.00 (1617) for furnishing the oath or declaration later than months from the earliest claimed priority date (37 CFR 1.492(e)). <input type="checkbox"/> 20 <input type="checkbox"/> 30  |                         |              |      |                         |           |  |  |  |  |  |        |              |              |      |    |              |    |       |    |                  |                    |   |      |   |                   |   |  |  |  |                   |                 |  |  |  |                   |            |  |  |  |                   |  |  |  |  |         |                             |  |  |  |             |   |  |  |  |               |            |  |  |  |             |   |  |  |  |         |                      |  |  |  |             |   |  |  |  |         |                       |  |  |  |             |  |  |  |  |                         |  |  |  |  |           |
| CLAIMS  | NUMBER FILED            | NUMBER EXTRA | RATE | \$                      |           |  |  |  |  |  |        |              |              |      |    |              |    |       |    |                  |                    |   |      |   |                   |   |  |  |  |                   |                 |  |  |  |                   |            |  |  |  |                   |  |  |  |  |         |                             |  |  |  |             |   |  |  |  |               |            |  |  |  |             |   |  |  |  |         |                      |  |  |  |             |   |  |  |  |         |                       |  |  |  |             |  |  |  |  |                         |  |  |  |  |           |
| Total Claims  | 65                      | -20 =        | 45   | x \$50.00 (1615)        |           |  |  |  |  |  |        |              |              |      |    |              |    |       |    |                  |                    |   |      |   |                   |   |  |  |  |                   |                 |  |  |  |                   |            |  |  |  |                   |  |  |  |  |         |                             |  |  |  |             |   |  |  |  |               |            |  |  |  |             |   |  |  |  |         |                      |  |  |  |             |   |  |  |  |         |                       |  |  |  |             |  |  |  |  |                         |  |  |  |  |           |
| Independent Claims  | 4                       | -3 =         | 1    | x \$200.00 (1614)       |           |  |  |  |  |  |        |              |              |      |    |              |    |       |    |                  |                    |   |      |   |                   |   |  |  |  |                   |                 |  |  |  |                   |            |  |  |  |                   |  |  |  |  |         |                             |  |  |  |             |   |  |  |  |               |            |  |  |  |             |   |  |  |  |         |                      |  |  |  |             |   |  |  |  |         |                       |  |  |  |             |  |  |  |  |                         |  |  |  |  |           |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)   |                         |              |      | + \$360.00 (1616)       |           |  |  |  |  |  |        |              |              |      |    |              |    |       |    |                  |                    |   |      |   |                   |   |  |  |  |                   |                 |  |  |  |                   |            |  |  |  |                   |  |  |  |  |         |                             |  |  |  |             |   |  |  |  |               |            |  |  |  |             |   |  |  |  |         |                      |  |  |  |             |   |  |  |  |         |                       |  |  |  |             |  |  |  |  |                         |  |  |  |  |           |
| Examination Fee   |                         |              |      | + \$200.00 (1633)       |           |  |  |  |  |  |        |              |              |      |    |              |    |       |    |                  |                    |   |      |   |                   |   |  |  |  |                   |                 |  |  |  |                   |            |  |  |  |                   |  |  |  |  |         |                             |  |  |  |             |   |  |  |  |               |            |  |  |  |             |   |  |  |  |         |                      |  |  |  |             |   |  |  |  |         |                       |  |  |  |             |  |  |  |  |                         |  |  |  |  |           |
| Search Fee  |                         |              |      | + \$400.00 (1632)       |           |  |  |  |  |  |        |              |              |      |    |              |    |       |    |                  |                    |   |      |   |                   |   |  |  |  |                   |                 |  |  |  |                   |            |  |  |  |                   |  |  |  |  |         |                             |  |  |  |             |   |  |  |  |               |            |  |  |  |             |   |  |  |  |         |                      |  |  |  |             |   |  |  |  |         |                       |  |  |  |             |  |  |  |  |                         |  |  |  |  |           |
| App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets)  |                         |              |      | \$ 0.00                 |           |  |  |  |  |  |        |              |              |      |    |              |    |       |    |                  |                    |   |      |   |                   |   |  |  |  |                   |                 |  |  |  |                   |            |  |  |  |                   |  |  |  |  |         |                             |  |  |  |             |   |  |  |  |               |            |  |  |  |             |   |  |  |  |         |                      |  |  |  |             |   |  |  |  |         |                       |  |  |  |             |  |  |  |  |                         |  |  |  |  |           |
| TOTAL OF ABOVE CALCULATIONS   |                         |              |      | \$ 3,350.00             |           |  |  |  |  |  |        |              |              |      |    |              |    |       |    |                  |                    |   |      |   |                   |   |  |  |  |                   |                 |  |  |  |                   |            |  |  |  |                   |  |  |  |  |         |                             |  |  |  |             |   |  |  |  |               |            |  |  |  |             |   |  |  |  |         |                      |  |  |  |             |   |  |  |  |         |                       |  |  |  |             |  |  |  |  |                         |  |  |  |  |           |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.   |                         |              |      | + \$ 1,675.00           |           |  |  |  |  |  |        |              |              |      |    |              |    |       |    |                  |                    |   |      |   |                   |   |  |  |  |                   |                 |  |  |  |                   |            |  |  |  |                   |  |  |  |  |         |                             |  |  |  |             |   |  |  |  |               |            |  |  |  |             |   |  |  |  |         |                      |  |  |  |             |   |  |  |  |         |                       |  |  |  |             |  |  |  |  |                         |  |  |  |  |           |
| SUBTOTAL =  |                         |              |      | \$ 1,675.00             |           |  |  |  |  |  |        |              |              |      |    |              |    |       |    |                  |                    |   |      |   |                   |   |  |  |  |                   |                 |  |  |  |                   |            |  |  |  |                   |  |  |  |  |         |                             |  |  |  |             |   |  |  |  |               |            |  |  |  |             |   |  |  |  |         |                      |  |  |  |             |   |  |  |  |         |                       |  |  |  |             |  |  |  |  |                         |  |  |  |  |           |
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| TOTAL NATIONAL FEE =  |                         |              |      | \$ 1,675.00             |           |  |  |  |  |  |        |              |              |      |    |              |    |       |    |                  |                    |   |      |   |                   |   |  |  |  |                   |                 |  |  |  |                   |            |  |  |  |                   |  |  |  |  |         |                             |  |  |  |             |   |  |  |  |               |            |  |  |  |             |   |  |  |  |         |                      |  |  |  |             |   |  |  |  |         |                       |  |  |  |             |  |  |  |  |                         |  |  |  |  |           |
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| TOTAL FEES ENCLOSED =   |                         |              |      | \$ 1,675.00             |           |  |  |  |  |  |        |              |              |      |    |              |    |       |    |                  |                    |   |      |   |                   |   |  |  |  |                   |                 |  |  |  |                   |            |  |  |  |                   |  |  |  |  |         |                             |  |  |  |             |   |  |  |  |               |            |  |  |  |             |   |  |  |  |         |                      |  |  |  |             |   |  |  |  |         |                       |  |  |  |             |  |  |  |  |                         |  |  |  |  |           |
|   |                         |              |      | Amount to be refunded : |           |  |  |  |  |  |        |              |              |      |    |              |    |       |    |                  |                    |   |      |   |                   |   |  |  |  |                   |                 |  |  |  |                   |            |  |  |  |                   |  |  |  |  |         |                             |  |  |  |             |   |  |  |  |               |            |  |  |  |             |   |  |  |  |         |                      |  |  |  |             |   |  |  |  |         |                       |  |  |  |             |  |  |  |  |                         |  |  |  |  |           |
|   |                         |              |      | charged :               |           |  |  |  |  |  |        |              |              |      |    |              |    |       |    |                  |                    |   |      |   |                   |   |  |  |  |                   |                 |  |  |  |                   |            |  |  |  |                   |  |  |  |  |         |                             |  |  |  |             |   |  |  |  |               |            |  |  |  |             |   |  |  |  |         |                      |  |  |  |             |   |  |  |  |         |                       |  |  |  |             |  |  |  |  |                         |  |  |  |  |           |